

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 24, 2021

John Altea A&A of Michigan, LLC 13187 Churchill Dr Sterling Heights, MI 48313

RE: License #: AS630400389

A&A of Bloomfield Hills 4318 Squirrel Rd Bloomfield Hills, MI 48304

Dear Mr. Altea:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342 (248) 860-4475

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

#### I. IDENTIFYING INFORMATION

**License #:** AS630400389

Licensee Name: A&A of Michigan, LLC

**Licensee Address:** 13187 Churchill Dr

Sterling Heights, MI 48313

**Licensee Telephone #:** (586) 214-0684

Licensee/Licensee Designee: John Altea

Administrator: John Altea

Name of Facility: A&A of Bloomfield Hills

Facility Address: 4318 Squirrel Rd

Bloomfield Hills, MI 48304

**Facility Telephone #:** (586) 214-0684

Original Issuance Date: 08/27/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

**AGED** 

TRAUMATICALLY BRAIN INJURED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		02/24/2021	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable:		N/A	
Insp	pection Type:	n ⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  0 Role: N/A		2 3	
•	Medication pass / simulated pass observed? Yes ⊠	〗No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.  Meal preparation / service observed? Yes No If no, explain.  Breakfast had already been served at the time the on-site inspection was conducted.  Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	Corrective action plan compliance verified? Yes ☐ N/A ☒ Number of excluded employees followed-up?	CAP date/s and rule/s:	
•	· · · · · <u>_</u> · · · · · · <u>_</u> _		
•	Variances? Yes ∐ (please explain) No ∐ N/A ⊠		

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

### R 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
  - (a) Reporting requirements.
  - (d) Personal care, supervision, and protection.
  - (e) Resident rights.
  - (f) Safety and fire prevention.
  - (g) Prevention and containment of communicable diseases.

There was no documentation contained in the employee files documenting that the above trainings had been completed.

#### R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

There was no documentation contained in the employee files documenting the employees receipt of the personnel policies and procedures.

#### R 400.14208 Direct care staff and employee records.

 A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f)Verification of reference checks.

There was no verification of reference checks in the employee files.

#### R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist.

Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Medication stored in the refrigerator was not contained in a locked box.

#### R 400.14316 Resident records.

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
- (i) Resident funds and valuables record and resident refund agreement.

There were no completed Resident Funds Part II forms contained in the resident files.

#### R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

Cleaning supplies were not stored in a locked area.

#### R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The window in bedroom #6 was cracked.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

02/24/2021

Cindy Berry Date

Licensing Consultant